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"*NEC TENUI PENNA.*"

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EDITORS.

THE HOMEOPATHS ON YELLOW FEVER.

The homeopathic yellow fever commission has made its report,* and we have read it through with considerable interest. In the first place, it is unusually well written, being probably the handiwork of Dr. Holcombe, of New Orleans, whom we have seen in other fields of literature to possess a poetic mind. Then, too, it is pleasant just after those days of death and danger have passed to see how little there was to have been frightened at, and to learn that if the yellow fiend ever attacks us again we may advance as confidently against it as we might throw down the glove to measles or the mumps—provided we believe certain things. But—O we of little faith!—why can't we brush it up and lift those mountains of doubt which lie upon us.

Let us address ourselves to the law and the evidence as presented by the gentlemen of this commission. We can't go over it all, but here is something of the mark they write at. In New Orleans out of the 1,945 cases of yellow fever treated homeopathically in 1878, there was a loss of 110, or 5.6 per cent. In towns outside of New Orleans 1,964 cases, with a loss of 151, equal to 7.7 per cent; that is, in 3,914 cases 261 lost, or 6.6 per cent. Adding reports from the epidemic of 1853, the mortality sinks to 5.4 per cent. Then there are special conditions referred to—about age, color, locality, etc. The homeopaths in New Orleans lost only thirty children under fifteen years of age, out of

817 treated, while more than half of the deaths during the epidemic in New Orleans was of this class. This is the most striking contrast presented; but even at the best, of course we were beaten two or three to one. We can not spare the time (to say nothing of not having the heart) to exhibit the exact majorities we polled on the mortuary lists. The method of the commission in arriving at these interesting facts was such as to leave no doubt as to their correctness. It was mainly by addressing circular letters to the homeopathic brethren and by inquiring among "intelligent citizens," a method by the way vastly similar to the one pursued by the regular commission; and we all know that the profession takes its utterances upon the yellow fever without the shadow of a passing doubt.

Satire aside, it seems to us that if the absurdity of these means of arriving at the truth—balancing one man's opinion against another, and taking the unchallenged word of Tom, Dick, and Harry to make up results—if the absurdity of these methods, we say, does not strike one at the mention of it, no amount of argument can change his belief. Politely as we may, we must say that homeopathic evidence of this sort is particularly untrustworthy. If not from design, at least from education, they classify a number of diseases under one head, which we would separate. Certainly their scarlet fever, which includes any innocent rash, is not our scarlet fever; and their croup, which embraces ordinary colds, is not our croup; and a suspicion may cross our mind that their yellow fever may include many forms of less deadly hue; and this suspicion is somewhat strengthened when we see, as we

*Special Report of the Homeopathic Yellow Fever Commission.

do in the report before us, that the commission anticipates this sort of doubt being cast upon it by telling us that there can be no trouble about diagnosis, as in yellow fever times every thing is yellow fever. Here are the exact words:

It is a law of great epidemics that they displace, absorb, or transform all the cognate diseases endemically or sporadically prevailing. When yellow fever poisons the atmosphere, intermittent fever, bilious fever—yea, even croup, dysentery, and other local affections—frequently disappear or become assimilated to the prevailing type of disease, and pass into yellow fever.

The commission goes into particulars somewhat to show how homeopathic success is obtained. It will not let us have to ourselves what may be considered good:

The foot-baths, the spongings, the enemata, the warm and cold applications, the frictions, the stimulants, the regulations of diet and covering, etc. are neither allopathic nor homeopathic measures. They are not medicines at all, but appliances based upon a knowledge of physiology and hygiene, and open to gentlemen of all schools.

We have heard, too, of Southern regulars who did not wholly believe in sweats and purges; but let this hit whom it may.

The homeopaths showed themselves faithful students and disciples of nature, not only in their judicious use of these things, but in their uniform advocacy of plenty of fresh air, light covering, cold water, and an abstinence from all debilitating and perturbing treatment, in which they had often to contend with the violent prejudices of the people, long trained in the false doctrines of the old system.

To contrast the treatment of the two schools more thoroughly, we make out a list of the most noted allopathic remedies: bloodletting, leeching, blistering, calomel, quinine, saline purgatives, antimonials, sugar of lead, bismuth, creosote, turpentine, carbolic acid, capsicum, ether, carbonate of ammonia, iron, musk, and strychnine.

The "New School," on the other hand, to a man stuck to *aconite*, *belladonna*, and *brionia* for the first stage of the fever, and *arsenicum*, *carbo-vegetabilis*, and *crotalus* for the second. It is averred that our failures were due to our not having remedies like those of the first class to reduce high temperatures, nor like the second, with specific virtues to combat the blood-poisoning which

ensued. It strikes us we have come across something like them—all except the *crotalus*—in our materia medica; but the rub is, we have not been educated up, or rather down, to the *dose*. This report was written for the "President and Congress"—with a small extra edition, no doubt, for the people at large; and our friends of the commission dared not come out with the whole truth in regard to this point. "Small doses frequently repeated" is all they venture to print. Why did they not put it in full, and say one billionth of a grain of vegetable charcoal, the forty-millionth of a drop of aconite every hour or so? That is the way the mighty Hahnemann laid it down, and that is the way they talk in their journals. It was because, perhaps, the President and Congress and the common-sense portion of the people might have smiled; and, what would be worse, the nation's money; would not be forthcoming upon such a showing. The remedies referred to were chosen upon the homeopathic principle, and administered under the all-pervading law of like cures like; that is, that aconite and charcoal produce fever, and arsenic and rattlesnake poison make it yellow!—possibly among the marines.

But we must draw to a close, and deny ourselves several specifications in this interesting document. This one, however, is too good to be lost. The rattlesnake-poison (*crotalus*), in proper doses, is a specific against the yellow-fever poison; at least it has been adopted as such. Says the report:

Inoculation with this poison was used extensively at Havana many years ago, under the auspices of an erratic genius who, it is said, assumed the venerable name of Humboldt. The results are differently stated by the friends and the enemies of the experiment; but as the quantity inoculated was entirely too great, and large doses of antidotal remedies were simultaneously administered, it may be fairly presumed that such an experiment had no real scientific value. Whether the poison cautiously used, either hypodermically or in small doses by the mouth, may not produce a substitutive disease, which for that season at least might prevent an attack of yellow fever, is a question certain to command further consideration.

What a wise provision of nature, to put the snakes and the fever together in the Mississippi Valley! But our doubting minds can not help but thinking that the exhalations from these pharmaceutical reptiles pervade the valley in strictly homeopathic doses, and therefore no yellow fever should exist.

The homeopathic commission is in perfect agreement with the regular commission on the exotic character of the fever; believes in germs, etc. It is rather more exact in this respect, however, as it names the period (the last quarter of last century) when they were imported. It believes in a national quarantine, too, and wants a place upon the board. It lays down also some excellent rules in regard to public hygiene; and its remarks on this subject, especially as to the proper drainage of New Orleans, we commend to our brethren in Washington assembled.

The reports of both commissions, regular and homeopathic, are valuable documents. They help to establish certain facts, whether they wish to or not: that hygiene is the first law in the treatment of yellow fever; that nature is better than most physicians in this disease; that as to whence yellow fever cometh, and whither or why it goeth, no man or set of men have yet found out. Nothing is certain but that there must be a national board of health, to sit at Washington, to overlook a national quarantine; that on this board both schools must be represented, and draw allopathic pay.

THERE has been a great deal written in some of the medical journals concerning several new remedies introduced to the notice of the profession through the manufacturing house of Messrs. Parke, Davis & Co., Detroit. The remedies in question are Yerba Santa, Grindelia Squarrosa, Berberis Aquifolium, Cascara Sagrado, and Yerba Reuma. Of these it has been said that their names are fictitious, that is, not strictly botanical, and that the professional gentleman (a Dr. Bundy) recommending them to the Detroit firm is not of the regular guild, but

an "Eclectic." The accusation was first made by the Pacific Medical Journal, and was afterward taken up by several eastern cotemporaries. A great deal more has been made of the matter than there was any occasion for. *Cascara Sagrado*, it strikes us, smells as sweet as its corrected title, *Rhamnus Purshiana*, besides being much more easy to spell; and it is rather a stretching of ethics to make them cover the origin of the *materia medica*. Who ever thinks of the ignoble beginning of colchicum, and who is it, suffering from hemorrhoids and wishing to apply pepper sauce thereto, that cares whether or not the Mr. Ward who originated the paste is in perdition for his charlatanry. Of one of the remedies which is attacked, the *Cascara Sagrado*, we may say that it has won an excellent reputation in this locality. Of the others we are without reports, though we should be glad to receive them. The Messrs. Parke, Davis & Co. bear a most excellent reputation, not only in the commercial world, but with the profession, who can not but admire them for the energy with which they searched the fields for herbs of medicinal value. Personally we are perhaps somewhat tinctured with a "calomel and quinine" conservatism, but for all that we are not going to be kept from wishing our Detroit friends the best of luck in their efforts to extend the *materia medica* profitably to humanity and to themselves.

JOURNALISTIC NOTES.—Several changes occur in the journalistic family this year. The Michigan Medical News comes with a new dress. The army of editors which conducted it last year is reduced to the commander-in-chief, Dr. Mulherron. We trust the good fortune which our bright contemporary sometimes mentions as having fallen to its lot will continue to smile upon it, and persuade it to come oftener and stay longer. We would like to have more than twelve pages every other week.

The pharmaceutico-manufacture periodicals show increased thrift and vigor. New

Preparations, of Detroit, comes out monthly, and is under the editorial care of the genial Brodie, who holds his own in the new field remarkably well.

The Physician and Pharmacist, of New York, comes under the management of Drs. Sell and Gisborne, changes from a quarterly to a monthly, and increases in its interest.

The Druggist and Chemist, of Philadelphia, changes to the "Monthly Review of Medicine and Pharmacy," and comes under the control of R. V. Mattison, of the firm of Keasbey & Mattison. He bears the reputation of being a very accomplished man in his profession, and will no doubt do his work well.

The Southern Practitioner starts at Nashville with much promise and considerable performance. It is edited by Drs. Eve, Roberts, and Stevens.

The Southern Clinic was commenced at Richmond, Va., during the latter part of the last year, under the shadow of the Virginia Medical Monthly, which has well covered that field.

It were unmannerly not to wish all success, but to some the advice of our aged Boston contemporary, to stay out, while ungenerous, is no doubt wholesome.

We have heard of no deaths as yet in the American family, though the returns are not all in. Quite a number of the monthlies due January 1st have not yet put in an appearance, but it is the rule for journals of this class to be from two to six weeks behind time.

The Examiner and The Doctor, of London, appear in the mortuary list. The former was in an ambitious rôle, and tilted against three or four powerful weeklies. Its demise was not to be wondered at. The Doctor was a well-conducted journal, full of interesting materials, and we regret its extinguishment.

DR. JOHN B. BIDDLE died at his residence in Philadelphia, on Sunday evening January 19th, in the sixty-fifth year of his age. He

had been an invalid for several years past. His death was caused by congestion of the lungs. He was a graduate of the Baltimore St. Mary's College, and of the Medical Department of the University of Pennsylvania. In 1864 he was made professor of Materia Medica in the Jefferson Medical College, and for a few years past has been dean of that college. Dr. Biddle was also president of the American Medical College Association. He was the author of a Materia Medica for students. Members of the Jefferson College will remember him for his pleasant lectures and very courtly manner.

DEXTRO-QUININE. — Messrs. Keasbey & Mattison, the singularly enterprising pharmacists of Philadelphia, have lately added to their list of new preparations one which they call dextro-quinine. The article is prepared from commercial chinoidine, and is a derivative of the alkaloid quinine. Various tests show its analogy to quinine. The name of dextro-quinine is given to it from the fact that with the polariscope it deflects the ray to the right instead of the left. Of what is more interest to the reader, however, is the fact that this new preparation is said to be equal to the sulphate of quinine in the same dose, and at the same time is less than one half as costly. Its price is \$1.50 per ounce. Reports of its use sustain the claims put in for its merits.

Original.

TRAUMATIC ANEURISM OF THE FEMORAL ARTERY—LIGATURE OF ARTERY AND VEIN.

BY W. O. ROBERTS, M. D.

Demonstrator of Anatomy in the University of Louisville.

September 14th, I saw with Dr. Carson, of Bowling Green, at St. Joseph's Infirmary in this city, a case of traumatic aneurism of the femoral artery, the result of a gun-shot wound, in a young man brought here by the doctor for treatment. The history of the case was as follows:

On the 27th of last July he was shot with a pistol, the ball (a small one) entering the inner side of the thigh at a point corresponding with the upper end of Hunter's canal, and passing directly through the fleshy part of the limb. The primary hemorrhage, which was slight, had entirely ceased before the physician who first saw the case arrived. Two weeks after the shooting the wounds had healed, and at the site of the entrance wound a small pulsating tumor occurred, which steadily increased in size until the 13th of September, when it was as large as a goose-egg, and had all the symptoms of a traumatic aneurism distinctly marked. The doctor then brought him to Louisville. The morning after his arrival the tumor was found to be increased in size, measuring then about four inches in its vertical and three in its transverse diameter, was nonpulsating and inflamed. The patient was suffering considerably from the fatigue of his trip, loss of rest incident to the fear of losing his leg, and from an aching pain in the tumor and along the inner side of the limb.

In consultation with Dr. D. W. Yandell it was decided to defer all operative measures until he should have recovered somewhat from his fatigue; meanwhile to endeavor to subdue the inflammation in the tumor by cold applications and keeping the patient at perfect rest in bed with the limb elevated; to have a tourniquet loosely applied above the aneurism, to be used in case the cicatrix of the entrance wound, which appeared rather thin, should give way and hemorrhage result, or further enlargement of the tumor should take place from an increase in the extravasation; and a reliable nurse to be kept in constant attendance, with instructions to send for me should any thing occur.

September 15th, 10.30 A. M. The patient, to use his own language, felt something give way in his thigh, and upon examination the tumor was found to be greatly enlarged, with a slight oozing of blood through an opening in the cicatrix of the entrance wound. A messenger was immediately dispatched to my residence, and I not being there my wife telephoned to the office. Fortunately I was in. Having every thing in readiness for the operation, and securing the assistance of Drs. Holloway and Coomes *en route* to the Infirmary, I was enabled to reach the patient without any delay. We found him very much weakened; pulse 120; surface of body pale, with cold perspiration on forehead; the tumor greatly enlarged, extending

now from just below Poupart's ligament to within four inches of the knee-joint and filling the inner and anterior part of the thigh; the cicatrix of the entrance wound protruding greatly, and dark-colored blood oozing through a hole in its center; total absence of pulsation in the popliteal artery, and slight oedema of the leg. We decided to cut down upon at once and ligate the bleeding vessel. So the patient, having been given a strong toddy, was chloroformed, the Esmarch bandage applied, and a long free incision made over the course of the femoral, its center passing through the wound made by the bullet. Large quantities of coagula were scooped out of the tissues with the hand, and with some difficulty we found the hemorrhage to be from an opening in the femoral artery behind the sartorius muscle. The vein and artery were so closely matted together by lymph that it was considered unsafe to attempt their separation, and they were tied *en masse*. The wound was then filled with oakum well saturated with carbolized oil, and the entire limb enveloped in cotton batting. This dressing was not removed until the fourth day, when the plug of oakum, having become loosened by the suppuration in the wound, came away without difficulty. The temperature of the limb appeared natural to the touch, though no pulsation could be felt in the popliteal artery, nor was it detected until the seventh day. There was no varicosity of the veins of the leg, and the oedema had entirely disappeared; the wound was suppurating nicely, and the inflammation in the thigh greatly reduced; the nausea and vomiting due to the chloroform had ceased, and the patient was now able to retain small quantities of fluids. From this time, under alcoholic stimulants, tonics, and good diet, he convalesced slowly but uninterruptedly, and at the end of the sixth week was able to return to Bowling Green. The wound was not entirely healed, but he could get along with the assistance of a crutch and stick. The ligature came away on the twenty-first day. The pulsation of the popliteal grew steadily stronger, and when he left the city nearly equaled that of the opposite side. Dr. Carson writes that there is now no difference between the two, and that the limb is as strong as ever, with no varicosity of the veins of the leg.

LOUISVILLE, KY.

BILROTH takes out another larynx.

ASTHMA AND ABSCESS OF LUNG FROM MECHANICAL IRRITATION.

BY BEN JAMES BALDWIN, M. D.

Ex-house Physician and Surgeon to the E. and P. Division of Charity Hospital, New York City.

The following case is reported as a striking example of traumatic pneumonia simulating phthisis from mechanical irritation speedily subsiding with the removal of the cause:

Margaret Barber, aged forty-five, born in New York City, where she had always lived, enjoying excellent health, was admitted into Charity Hospital (Blackwell's Island, New York City). A few days before, while taking soup, she attempted to swallow a bone, about twice the size of a pea, which she had inadvertently taken into her mouth with a spoonful of soup. Violent paroxysms with strangulation ensued, and it was drawn into the larynx down into the right bronchus. The patient began to complain of the most intense pain in the side; cough became incessant, with high fever, and feelings of impending suffocation. A pneumonia was soon developed, with asthma supervening. Unable to relieve the patient, except to alleviate pain, I could only watch the course which the disease was bound to take. Physical examinations were made daily, and afforded evidence of the onward march of the pneumonia to the stage of dissolution, and after the elapse of a few days, auscultatory signs referable to the stage of softening were developed. Respiration became more intensely bronchial, with an abundance of circumscribed moist râles of a bubbling, crackling character, not removed by coughing, inevitable signs of disintegration. Following these symptoms came a copious expectoration of fetid, sanguineous pus, and it was now plain that the breaking down of lung-tissue at the point of consolidation was going on. In the course of a few days more it was evident, from the soft-blowing non-vesicular character of respiration, with the cavernous whisper and other physical signs of differentiation, that a cavity had formed. No improvement was expected. Knowing that mechanical irritation, in the form of admixture of air and dust, was a prolific cause of phthisis (as in workshops and manufactories), it was thought this also had terminated in phthisis, and that the patient would sooner or later die of that disease. But in a few nights I was rapidly summoned to the ward, and, reaching there, found her with profuse hemoptysis. Yet this dreadful symptom was

but a precursor of relief instead of an omen of forlorn hope; for as soon as the patient recovered sufficiently she told me that she had spit up something hard, and upon examining the blood I found the bone that had been the cause of all her trouble. Immediate attention was directed to the hemoptysis, and in a short time it was arrested by the administration of ergotine, application of cups, and the inhalation of vapor of spirits terebinthæ. Leaving her for the night resting quietly, I returned next morning on my regular rounds, and found her feeling better. The asthma, which had been an almost constant source of suffering, had disappeared, and that anxious, painful look of the countenance was no longer apparent, showing that she really felt relieved. The best dietetic resources of the hospital were brought to her command to assist her in her final attempt to rally, and within a few days she showed evident signs of recovery. In a month she was discharged bright and well.

It is a little peculiar in this case that a pneumonia due to local causes should end as it did; for pneumonia rarely terminates in abscess, except when the migration of blood-corpuscles is very great, or when it is due to septic matters; and again, pneumonia the result of mechanical irritation generally becomes chronic, and ends in fibrous phthisis. But the vigorous constitution and splendid powers of this woman no doubt resisted the action of those influences which in another less fortunate being would have certainly caused phthisis.

Correspondence.

COMPOUND DISLOCATION OF ANKLE-JOINT TREATED BY ANTISEPTICS, EXCLUSION OF AIR, AND REST.

To the Editors of the Louisville Medical News:

David Hannah, aged twenty-six, brakeman on the Panhandle Railroad, was admitted to the Western Pennsylvania Hospital, Pittsburgh, June 11, 1878, with a compound dislocation of the right ankle-joint. The patient stated that he had been injured in a railroad accident which had occurred at Little Washington, about twelve hours previous to his admission; that he had been thrown from the top of a car, lighting upon his feet, and that the bones had protruded through the skin. A letter from Drs. W. R. Thompson and Thos. McKennan, of Little

Washington, who had seen the patient immediately after the injury, still further explains its extent. They say: "The patient, when first seen, had been injured perhaps half an hour. The injured foot was lying at a right angle with the leg, the foot turned inward, the entire articular surfaces of both tibia and fibula projecting from the wound. No fracture was discovered, or injury of important vessel or tendon. The external lateral ligament, torn from its attachments and hanging from the malleolus, was clipped away. The parts were thoroughly cleansed, the patient chloroformed, and the luxation reduced without difficulty. The wound was then closed with a number of silk stitches and adhesive strips, over which carbolized vaseline spread on carbolized oakum was applied, and the dressing completed with bandages and splint to secure immobility." The letter giving this information did not arrive with the patient, nor did we then know the extent of the injury or that it had been so well dressed. Had we been in possession of this information, we should not have disturbed the dressings. Under the circumstances, however, we felt it to be our duty to examine the joint. This was done under the carbolized spray.

When the joint was exposed there was found to be a good deal of tumefaction. A wound was found beginning on the front of the ankle-joint, one inch above the articulator, running obliquely downward on the outside of the joint to the tendo-achillis. It was five inches in length. The sutures and adhesive plasters were not disturbed. Two thicknesses of patent lint soaked in the compound tincture of benzoin were applied over the wound, and over this a bandage made of Lister's antiseptic gauze, and then a splint to secure immobility. The patient, although he had had a hard ride upon the cars—being twelve hours in coming from Little Washington, a distance of about fifty miles—did not suffer much constitutionally. His pulse, temperature, and respiration were normal. There were no symptoms of shock. He was directed to have a quarter of a grain of sulph. morphia, and put upon a diet of beef tea.

To show how the case progressed, and how little constitutional disturbance there was, I will quote a few of the notes of temperature and pulse as taken by the house-surgeon, Dr. Jones:

Date.	Pulse.	Temperature.
June 13th, A. M.,	72	101°
" P. M.,	76	101½°
June 14th, A. M.,	76	100½°
" P. M.,	76	102°

Date.	Pulse.	Temperature.
June 15th, A. M.,	76	99½°
" P. M.,	76	102°
June 16th, A. M.,	90	101°
" P. M.,	84	103½°
June 17th, A. M.,	80	100½°
" P. M.,	72	101½°
June 18th, A. M.,	76	101°
" P. M.,	76	101°
June 19th, A. M.,	86	100°
June 20th, A. M.,	86	100°
" P. M.,	76	99°

On the 17th of June the wound was redressed and the stitches removed. There was no discharge from the wound, and no odor. On the 22d it was again dressed, when there was considerable discharge of pus from the joint.

The case continued to progress favorably, and the patient was discharged August 16, 1878.

One week after his discharge he was able to assume the duties of a watchman on the Panhandle Railroad where it crosses Second Avenue in this city. I see him now almost every day as I cross the railroad at that point. His ankle is still a little stiff, and he walks with a slightly perceptible limp; but he is able to run out upon the track when there is a train approaching, and he has always a smile for me as he shakes his red flag in front of my horse's nose.

The object of reporting this case is to urge upon practitioners the value of the immediate closure of wounds of joints and the application of antiseptics. I have little doubt that had this case been treated without these precautions, excision or amputation would have been found necessary.

J. B. MURDOCH, M. D.,

Surgeon to Western Pennsylvania Hospital.

PITTSBURGH, PA.

My Dear Dr. Yandell:

Quite recently I received your valued pamphlet, *Malaria and Struma in their Relations to the Etiology of Skin Diseases*. I have been aware of your views on the subject for some seven or eight years, and have availed myself of every facility my limited opportunities afforded to test the accuracy of your views, and this experience, permit me to say, has well nigh made me a convert. My own observation has satisfied me that malaria plays an important part in a very large majority of the skin diseases. I had observed the curative, almost specific, effect of the antiperiodics in this class of diseases before I became acquainted with your views. Then, however, I accounted for the happy results

in this way: I considered that ordinary dermal diseases indicated a passive or electro-negative condition of the entire system, and that the anti-periodics, by their tonic action, changed this sluggish condition by their invigorating effects. Since becoming acquainted with your views, my clinical experience, under their enlightened guidance, has served to demonstrate the malarial character of many of this class of diseases. In reference to the strumous origin of chronic skin diseases, a practice of twenty-four years enables me to say that I doubt not the entire accuracy of your views. I am sure that what is called "consumption" is scrofula or inherited latent syphilis, and although I do not consider ordinary syphilis identical with scrofula, yet I do believe that syphilis in the ancestor may develop as scrofula in descendants after the intervention of several generations, and this may be ordinary scrofula of the bones or glands, or it may develop as tubercle in the lungs. You are certainly correct in your views of the widespread existence of scrofulous diseases, and your proposed line of treatment is surely the best known at this day.

Before closing, I will call your attention to a class of cases of acute diarrhea which I consider to be of malarial origin. These cases are generally periodical, but the preparations of Peruvian bark have not, as a rule, given me satisfactory results, while *salicin*, in from three- to five-grain doses, repeated every three or four hours for adults, has given the very best results. I usually combine with full doses of aromat. sulph. acid, and dilute the doses with water.

Salicin is itself a very good anti-malarial remedy, as I have many times proved by administering it in intermittents and remittents while I lived in South Carolina and Alabama.

As to the criticisms of Drs. Heitzman, White, and Bulkley, I have this to say: The existence of malaria in New York and Boston is too well established to be gainsaid. Whoever has paid attention to the mortuary statistics of these cities has found that the deaths from malarial fevers constitute no inconsiderable portion of their deaths.

It is true that Dr. Poore, of Hungary, did, some years since, assert doctrines very similar to those entertained by yourself; but I did not see his work until about three years since. So far as Prof. Hebra's *disproval* of the same in his clinic is concerned, it is absolute bosh. Whoever is acquainted with Hebra's writings must know that he is at once self-con-

ceited, arrogant, dogmatic, and in the superlative degree assertive. He did not receive the doctrine advanced by Dr. Poore, and he wanted to overthrow it as a dangerous heresy, so he ASSERTED that he had *disproved* it in his clinic, but without, so far as I have seen, giving any data upon which to enable us to judge how he arrived at his conclusions.

In fine, let me say, I shall give more attention to this highly important subject, and, if it will not be too great a trespass upon your valuable time, report to you occasionally the results of my investigations.

W. H. BENTLEY.

VALLEY OAK, PULASKI CO., KY.

Reviews.

Physiology: Preliminary Course Lectures. By JAMES T. WHITTAKER, M. A., M. D., Professor of Physiology and Clinical Medicine in the Medical College of Ohio; Lecturer on Clinical Medicine at the Good Samaritan Hospital; Member of the Cincinnati Academy of Medicine, and of the Cincinnati Society of Natural History. Illustrated. Cincinnati: Chancy R. Murry. 1879.

This volume of nearly three hundred pages is made up, as its title implies, of the lectures which its author has delivered preliminary to his courses upon Physiology in the Ohio Medical College. The subjects chosen embrace the Influence of Physiology on Practice and on the Practitioner; The Conservatism of Force; The Origin and Evolution of Life; The Evolution of Forces of Life; Protoplasm and its Properties; Bone and its Properties; Muscle and its Properties; Nerve and its Properties; and Blood and its Properties. These matters are treated in a very scholarly and graphic manner. Indeed Prof. Whittaker is one of the most accomplished of American medical writers, and seldom fails to invest his themes with great interest. There is much in his present work to instruct and to be enjoyed. Messrs. Rob't Clarke & Co., publishers, of Cincinnati, to whom we are indebted for our copy of the book, will mail it, prepaid, upon receipt of price, which is \$1.75.

Dr. Houts's Physician's Journal, Credit-book, and Ledger. First edition. St. Louis, Mo., 1878. Rob't Flavlin & Co., printers.

This is a very convenient form of book for the record of a physician's practice. Its features consist in having pages so ruled that

the debits and credits for visits and special services for any particular account can be inserted in a moment, and show at a glance the state of the account at any date. Pages are also ruled for office practice and special practice, and there is a summary for the monthly business.

Nothing is more important to the physician than accurate bookkeeping. Undoubtedly much is lost yearly from carelessness in this matter. Dr. Houts's book will tempt even a lazy bookkeeper to record his work. The announcement says that the book will be expressed, prepaid, upon receipt of the following prices: \$7 for six-hundred-page book; \$6 for five-hundred-page book; \$5.00 for four-hundred-page book.

Wood's Library of Standard Medical Authors:

A Practical Manual of Diseases of Children, with a Formulary. By EDWARD ELLIS, M. D., late Senior Physician to the Victoria Hospital for Sick Children, etc. Third edition. New York: Wm. Wood & Co., 27 Great James Street. 1878.

This reprint of Ellis's Diseases of Children is the second installment of Wood's Library of Standard Medical Authors. It is an excellent work—short, clear, and practical in its discussions. The formulary is uncommonly good. The publishers have put the book out in very attractive form. Indeed the wonder increases that so much is given for so little price. Twelve dollars is the subscription-price for twelve volumes; and we again recommend our readers to take the opportunity offered them of replenishing their libraries with excellent works at a trifling cost.

Formulary.

[From Ellis's Diseases of Children.]

A USEFUL APERIENT.

R Magnesiae..... gr. v-x;
P. rhei..... gr. iij-x;
P. cinnam. co..... gr. j-iij.

IN IRRITABLE STOMACH OF YOUNG CHILDREN, WITH VOMITING OF SOUR AND CURDLED CHARACTER.

R Pot. bromid..... gr. j-iij;
Mist. cretae..... ʒ j-iij;
Syrupi..... q. s.

IN SYPHILITIC SKIN-DISEASES AND CACHEXIA, ETC.

R Pot. iod..... gr. ʒ-vj;
Sp. am. arom..... ʒ j-v;
Syr. sarsae..... ʒ x-ʒ j;
Aqua..... ʒ ij-ʒ ss or ʒ j.

TO RESTRAIN EXCESSIVE SECRETION AND IN HEMORRHAGE.

R Acidi tannici..... gr. v;
Acidi nitrici dil..... ʒ vj;
Inf. gentian co..... ʒ ij.

Ft. mist. Every three or four hours for a child ten years old.

IN LARYNGISMUS STRIDULUS.

R Potass. bromidi..... gr. iij-x;
Tinct. lobeliae inflat..... ʒ v-x;
Syr. rhoeados..... ʒ ss;
Aqua..... ʒ ij.
Every four hours.

IN CHOREA, ATONIC DYSPEPSIA, ETC.

R Liquoris arsenicalis..... ʒ ʒ-iij;
Quinia disulph..... gr. ʒ-iij;
Acidi sulphurici dil..... ʒ ij;
Syr. zingiberis..... ʒ xx;
Aqua..... ʒ ij.
Three times a day.

IN CHRONIC CYSTITIS.

R Acidi nitrici dil..... ʒ iij-v;
Tinct. hyoscyam..... ʒ v-x;
Decoct. pareira..... ʒ ij-iv.
Three times a day.

IN CHRONIC BRONCHITIS.

R Tinct. benzoin co..... ʒ ij;
Pulv. tragacanth..... ʒ ss;
Aqua cinnam..... ʒ ij.
Dose, two drams.

Miscellany.

ACCIDENTS IN SPORT.—The first feeling produced by the recent melancholy accidents to sportsmen, with guns, and in the hunting field, must obviously be one of regret that valuable lives should be sacrificed in the seeming pursuit of pleasure. On reflection it will, however, appear that something more excellent and commendable than the mere gratification of a passion for amusement is the object which the true sportsman proposes to himself, and which, in point of fact, he attains. It is the pursuit of health and vigor of body and spirit in which the participator of field sports engages; and, coming to still closer quarters with the subject, we find that the discount of disadvantages, in the shape of serious accidents, to which the enterprise is liable, reaches only a very small proportion to the total amount of exercise taken, and the number of persons who share in its benefits. This must not be forgotten. Setting aside the indirect services rendered to the cause of good citizenship by the training afforded by exercise over the "stubble" and the "timber," there is the bracing health-

giving activity of purpose to which the youth and manhood of the country are lured by sport, and in its enjoyment the risks encountered are either comparatively small or they are avoided with a success which it is worth a considerable sacrifice to purchase. If the number of miles walked or ridden by those who shoot and hunt in any season were computed, and the total of accidents with the percentage of mortality incurred estimated, we venture to predict that the proportion would be almost insignificant, although the occurrences which now and then attract attention—generally as is the wont in groups—are deplorable. It would be a misfortune if any spirit of timidity began to pervade society in regard to sport, and nothing will so much conduce to a right judgment as the full recognition of those healthful advantages which every legitimate form of exercise affords, and an accurate estimate of the proportionately small risk of accident which accrues.—*London Lancet.*

A DOUBLE DOSE DISGUISED.—A domestic in an up-town New York family, one morning before breakfast, took the following prescription to a druggist in the neighborhood: "Please give the bearer a double dose of castor oil with taste disguised." Handing it to the clerk, she sat down to await the preparation, but was agreeably surprised to be soon asked if she would like a glass of soda water. Having drank it, she resumed her seat and waited for about fifteen minutes. She then ventured to remark that she was "afraid the folks would be ready for breakfast" if she did not go soon. "Well," said the clerk, "what are you waiting for?" "Why, for that prescription," she replied. "Why, I gave it to you in that glass of soda water some time ago." "O, law!" was the reply, "it was not for me; 't was for a man down at the house."

THE undertakers of London are exasperated not only because many of the clergy have shut down on expensive funerals, but especially because enterprising people from France and Belgium have introduced a revolution in coffins. These people are egg-dealers, who were formerly annoyed by the fact that the packing boxes in which they shipped eggs were of no account on reaching London, except for waste lumber. They now pack the eggs in coffins, which cost but little and sell in London at a profit. These coffins knock much of the gain out of the local undertaking business.

BOUCHUT'S APHORISMS.—From Ellis's Diseases of Children:

1. In early childhood there is no relation between the intensity of the symptoms and the material lesion. The most intense fever, with restlessness, cries, and spasmodic movements, may disappear in twenty-four hours without leaving any traces.

2. Abundant perspiration is not observed in very young children; it is entirely replaced by moisture.

3. Fever always presents considerable remissions in the acute diseases of young children.

4. In the chronic diseases of infancy fever is almost always intermittent.

5. When children are asleep their pulse diminishes from fifteen to twenty pulsations. The muscular movements which accompany cough, crying, agitation, etc. raise the pulse fifteen, thirty, or even forty pulsations.

6. The diseases of youth always accelerate the process of growth.

Selections.

A NEW TREATMENT FOR MORBUS COXARIUS.

Dr. J. C. Hutchison, of Brooklyn, describes, in the January number of the American Journal of Medical Sciences, a novel method of treating hip-joint disease. The method is certainly simple enough, and its author declares he has got excellent results from its use. The only instruments necessary are a pair of crutches. Steel rods are to be attached to the sole of the shoe of the *well* foot, so that it will be raised three inches or so, thus allowing the injured limb to swing. Dr. Hutchison says:

To secure Immobility of the Joint no Apparatus is Necessary.—Fixation of the joint is one of the earliest and most characteristic symptoms of morbus coxarius. This is secured by reflex contraction of the peri-articular muscles, aided by intra-capsular effusion, and the voluntary effort of the patient to keep the joint at rest, on account of the pain which motion produces. The rigidity of the joint is so great that when we move the limb the pelvis moves with it; there is apparent ankylosis. This continues until nature says immobility is no longer necessary; but so long as it is necessary she secures it better than we can by any artificial appliances. Therefore I desire to emphasize the statement that no apparatus is needed, and whatever artificial appliances for fixation may be added simply tend to increase the discomfort of the patient. Gradually, as the inflammation subsides, the muscles become relaxed and motion returns, provided it is not interfered with by a retentive apparatus, and ankylosis is prevented except in cases of extensive destruction of the joint-structures, in which case a cure by ankylosis is the thing to be desired.

To obtain Extension of the Limb no Apparatus is Required.—By means of extension we (1) relieve the pain in the part; not by separating the

inflamed articular surfaces, as has been claimed—for we can not separate them to an appreciable extent by any amount of extension that can be applied—but the relief comes from subduing the spasm of the muscles which crowd the head of the bone into the inflamed acetabulum. This is the chief cause of the pain that the patient experiences. (2) It corrects the malposition of the limb, whatever it may be, and prevents the deformity which would otherwise occur from contraction of the muscles or partial dislocation of the head of the bone. We all know how promptly spasm of the muscles of the extremities, in cases of cholera or from other causes, is overcome by forcible extension. I have never in any case of hip-joint disease found it necessary to divide contracted muscles, and I believe the only good to be accomplished by it is that in some cases it would enable us to remove the deformity sooner.

To remove the Weight of the Body from the Limb, and to adopt some expedient that will allow the patient to get the benefit of open-air exercise, are both so evidently necessary as to require no special consideration. To accomplish the above indication, I have used exclusively for the last eighteen months a mechanical appliance, as follows: To the shoe of the sound limb a steel plate corresponding to the sole of the shoe is attached by two or three upright rods, two and a half or three inches in length, so as to raise the foot from the ground. It is the shoe ordinarily used for shortened leg. This elevated shoe and a pair of crutches constitute the apparatus. As the patient stands on his crutches, the diseased limb is suspended. The shoe should be high enough to prevent the toes of the affected limb from touching the ground, and the sole should be covered with leather to avoid noise when walking.

By these simple appliances we fulfill all the indications for the mechanical treatment of hip-joint disease.

This plan of treatment should be adopted at once, whatever the stage of the disease, and continued till the cure is completed, except in the comparatively rare form of arthritic coxalgia, where acute inflammation of the synovial membrane and other soft structures of the joint is suddenly developed, attended with great constitutional disturbance and excruciating pain, increased by the slightest movement of the limb or the shaking of the bed. In such cases it would be inappropriate at first. Until after the acute symptoms have subsided, they should be treated in bed with the long splint and the weight and pulley, together with other appropriate remedies.

The Treatment of Early Phthisis.—Practitioner: Dr. J. Milner Fothergill points out the condition of the lungs in the early stages of phthisis. There is pneumonic consolidation of one or both apices, generally extending to the third rib; but the extent of lung involved is not always indicative of the gravity of the case. Of course, if a great extent of lung be involved, or if both be affected, the prognosis is unfavorable; but the fact that the tip of only one lung is involved often carries with it no comfort. Dr. Fothergill thinks that the pretubercular stage of phthisis as taught by Laycock is corroborated by experience. In all cases the physician should endeavor to so improve the general nutrition as to allow the pneumonic process to run a favorable course, or to surround the dead and dying tissue with a wall of healthy connective tissue. The first thing to be done is to arrest the night-sweats. As long as these

continue, the salts of the blood are withdrawn and emaciation necessarily results. For arresting night-sweats oxide of zinc, sulphate of copper, hyoscyamus or belladonna are recommended. Of these the belladonna is considered the best. Since the strength of the tincture of belladonna is very variable, the author recommends that the sulphate of atropia should be used. He uses the atropia in doses of from the seventy-fifth to the fiftieth and up to the twenty-fifth of a grain. The atropia may be continued until it produces decided dryness of the throat and impairment of vision. The effect of the drug upon the pupil of the eye must be regarded as a fallacious test. Whenever it becomes necessary to give morphia to prevent the night-cough, the morphia should be combined with atropia, whether there be night-sweats or not. The pill used by the author consists of one fourth of a grain of morphia (hydrochlorate), a fortieth of a grain of atropia, with a grain of capsicum in powder, and three grains of pil aloë et myrrh; or he uses another pill which consists of one third of a grain of morphia and one thirtieth of a grain of sulphate of atropia. The morphia arrests the cough and enables the patient to sleep, while the aloetic vehicle prevents constipation. If belladonna does not arrest the night-sweats, the oxide of zinc or sulphate of copper with morphia may be tried. Vinegar or a weak solution of a mineral acid may be washed over the surface with advantage.

It is very essential in the treatment of early phthisis that the stomach and bowels receive due attention. Where the tongue is coated with thick fur the administration of iron and cod-liver oil is well nigh useless, since it can be but imperfectly absorbed through the thick layer of dead epithelium. In these cases a mixture of nitro-hydrochloric acid, or phosphoric acid with infusion of cinchona, three times a day, will be found useful. In the phthisical patient all drains from the system should be watched. Especially is this true in women, where an excessive loss of blood at the catamenial period counterbalances all tonics used during the intermenstrual interval. Although hæmoptysis is not a rare cause of the fatal termination of the phthisis, yet in the early stages of this disease, hæmoptysis is often one of the best forms of local bleeding and gives speedy relief. However, when the stage of softening has been reached hæmoptysis becomes dangerous. It is not unfrequently prevented by free purgation; where the hæmoptysis is associated with cold hands and feet, the patient should be placed in bed with hot bottles at his feet, and given warm fluids to drink. Blistering the walls of the thorax may be resorted to. Dr. Fothergill concludes these valuable papers by a brief consideration of the hygienic and dietetic needs of the phthisical patient.—*Physician and Surgeon.*

Treatment of Gonorrhea.—Louis Bauer, M. D., M. R. C. S., St. Louis Clinical Record:

In all catarrhal affections of the mucous membrane, infectious or otherwise, the protecting layer or layers of epithelium are thrown off, or the epithelial cells converted into pus cells and discharged. The mucous membrane is thus, as it were, raw, not unlike the skin after the destruction of the epidermis. The nerve papillæ are consequently exposed to contact with deleterious substances. This all happens with the urethra, as can be demonstrated by the microscope and endoscope. What renders the passage of urine so painful, precludes the use of irritating injections and the remedies commonly employed for the

suppression of discharge, belong to that class. Most of them have the chemical effect of coagulating albumen, and it may have been the design with their use, to protect the raw surface of the urethra against the irritating effect of urine upon it. But this argument would not hold, since the protecting layer of albumen is soon again detached, leaving the mucous membrane in a still worse condition.

No practitioner would dare to inflict such unwarrantable treatment upon the mucous membrane of any other part of the body, as, for instance, in acute catarrh of the nasal cavity. He would unfaillingly excite such a tempest of sneezing as to blow him out of doors, and justly, too. That which is so inappropriate in the nasal cavity can not be of benefit upon so sensitive a tube as the urethra.

In reasoning upon this, I at once decided to abandon *in toto* the "approved plan" and to commence action on a new base.

Since the new departure I have treated thirteen cases of gonorrhoea with most speedy, perfect, and enduring results, the average time of relief being *six days*. Eleven cases were of recent origin, and had not yet advanced to great intensity; two cases had been of nine and ten days' standing respectively. I intended to collect more clinical material in proof of my treatment, but the subject appears too important for delay, therefore I submit my views at once, and desire nothing more than a thorough criticism and trial.

My plan embraces all those hygienic rules which I have mentioned, and I rarely resort to internal treatment, since the disease is simply local. The injection which I apply in the acute cases is as follows:

R Inf. sem. lini (ex. 3 iij parati)..... 3 vj;

Cui adde ext. opii. aquosi..... fl. gtt. xvijj.

M. S. To be injected warm every three hours and retained for a few minutes.

This injection is not only emollient but sufficiently viscid to cover the bare urethra with a protecting coat, and sufficiently narcotic to soothe the irritated nerve papillae. It is advisable first to clean the urethra with a warm water injection. With no exception the patients at once felt relieved and the discharge commenced to diminish. Toward the end the injection might be alternated with a very weak solution of the acetate of lead, say one third of a grain to the ounce of liquid, which seems sufficient to dry the secreting surface and to complete the cure.

Present and Prospective State of Electrolysis in Surgery.—At the meeting of the Surgical Section of the Academy of Medicine, December 20, 1878, Dr. Geo. M. Beard, presented a paper upon the above subject, of which the following are the main points therein made:

In the treatment of nevi, either the positive or negative poles may be used: for small nevi, preferably the positive; for large both positive and negative. The action of the negative pole is more vigorous, and in cases of large tumors will produce decomposition sooner than the positive pole, but is more likely to produce scarring if used too long or with too strong a current.

There are three varieties of nevi: on the skin, in the skin, and beneath the skin. Electrolysis works best with the first, next best with the third, and is least valuable in the second variety, or port-wine stains; small port-wine stains can be cured by it.

In goiters use the negative pole, the positive being

placed outside. Some cases of goiter are perfectly and rapidly cured; some are only reduced in size one half or two thirds.

In epithelioma both poles are to be used, with a strong current under ether; the method of working up the base being used. Results, where the bone is not affected, are very satisfactory. Permanent cures have been made.

In cancers of the breast there is relief, and sometimes arrest of growth. After the system is saturated with cancer, electrolysis can do nothing but relieve the pain.

In fibroids of the uterus a moderate current should be used, and small needles used when the abdomen is punctured.

In the glandular tumors electrolysis acts slowly; the negative pole should be used, and it is generally necessary to excite suppuration.

In aneurisms one or both poles and few or many needles may be used, according to size and locality. If both poles are placed inside of the tumor a mild current should be used, as the resistance is very slight.

Ulcers may be treated with either the positive or negative pole, either with metals or with sponges, and with good results.

In certain diseases of the skin, as eczema for example, the local application of electricity is very efficacious, either alone or with central galvanization.

In operating on individuals for nevi, or "mother's mark," Dr. Beard always prefers chloroform. The action of electricity is itself an antidote to any possible evil effects of the chloroform. As a rule all infants bear chloroform well.

Whatever progress will be made in electrolysis in surgery will be made in the way of diffusion rather than in the way of advancement. The experiments and experience of experts are becoming the property of the profession. Electro-surgery is based upon electro-physics. If any great or radical advance is to be made in electro-surgery, there must first be some radical advance or discovery in electro-physics.—*N. Y. Med. and Surg. Brief.*

Oxalate of Cerium in Chronic Cough.—My attention was first called to the oxalate of cerium in chronic cough something over a year ago, since which time I have used it in a goodly number of instances, until I have come to regard it as one of the principal remedies in the treatment of this distressing malady. Coughs resulting from chronic bronchitis, phthisis, and chronic laryngitis have promptly yielded to this remedy in my hands, after both the internal and external administration of other drugs had signally failed. In giving it to adults, in only one instance have I ever experienced any ill effects from its use. Upon this occasion I used seven grains at first, which produced narcotic effects. I then reduced the quantity to five grains, which quieted the cough without the deleterious effects first produced. When I first began using oxalate of cerium I produced decided narcotic effects in two instances from the administration of five grains to children of from ten to thirteen years of age. In prescribing this drug I invariably direct it to be taken half an hour before rising in the morning; and I may say that, although I have used it frequently, I have in only one or two instances been disappointed in the effects produced. I give five grains to adults, and diminish the dose, when treating children, in proper ratio, according to age.—*Frank Allfort, M.D., in N. Y. Med. Record.*